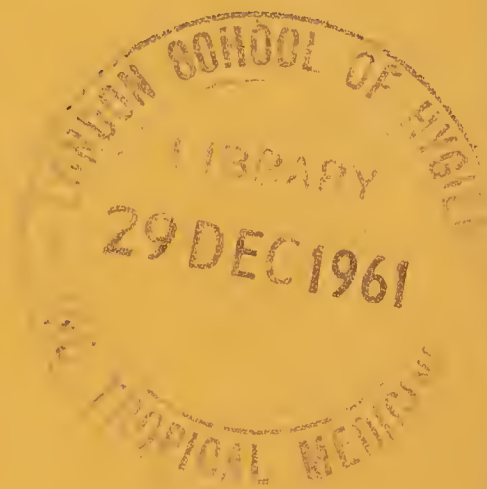




SARAWAK



*MEDICAL AND HEALTH DEPARTMENT*

*ANNUAL REPORT*

*1959*

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*SARAWAK*

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*MEDICAL AND HEALTH DEPARTMENT*

*ANNUAL REPORT*

*1959*



Medical and Health Department,  
Kuching,  
Sarawak,  
Borneo.

20th June, 1960.

Sir,

I have the honour to submit for the information of His Excellency the Governor, and for transmission to the Right Honourable the Secretary of State, the Annual Report for 1959, of the Medical and Health Department of Sarawak.

I have the honour to be,  
Sir,  
Your obedient servant,

D. A. BAIRD,  
*Director of Medical Services*

THE HONOURABLE  
THE CHIEF SECRETARY,  
KUCHING.





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# MEDICAL AND HEALTH DEPARTMENT

## ANNUAL REPORT 1959

### I. BACKGROUND INFORMATION

Sarawak occupies an area of about 46,000 square miles, on the northwest coast of the island of Borneo. It lies between latitudes  $0^{\circ} 50'$  and  $5^{\circ}$  North and longitudes  $109^{\circ} 36'$  and  $115^{\circ} 40'$  East.

2. The climate is tropical, with a heavy rainfall, a uniform temperature, and a high humidity. From early October until the middle of February the north-east monsoon brings heavy rainfall especially in the coastal belt. The mean annual rainfall at Kuching is 158 inches, but there is always a daily mean of three to seven hours of bright sunshine, depending upon the season. On the whole, the climate is a pleasant and equable one, in spite of the tropical situation of the country. It is never cold, and although it can get fairly hot in the daytime, the heat is never oppressive, and the nights are generally cool. The temperature is uniform, varying between a mean maximum of  $87.9^{\circ}\text{F}$  and a mean minimum temperature of  $72.5^{\circ}\text{F}$  in 1959.

3. The total population, at the last census held in 1947 was 546,385, made up of many races. Sea Dayaks comprised 34.8 per cent of the population, followed by Chinese 26.6 per cent, Malays 17.9 per cent, Land Dayaks 7.7 per cent, Melanaus 6.5 per cent, other Indigenous races 5.5 per cent and others 1.1 per cent. Since then there has been a considerable increase in the Chinese population, but accurate figures will not be available until the 1960 census has been completed.

4. Malays, Kedayans and many Melanaus profess the Muslim faith. There are a number of Christian Missions at work in Sarawak—Anglican, Roman Catholic, Methodist, Evangelical and Seventh Day Adventist. There are also small communities of Hindus, Buddhists and Bahais.

5. Sarawak is basically an agricultural country, but the soil is generally poor. The main cash crops are rubber, pepper and sago. There are also large and important forest reserves, and timber production ranks after agriculture as the most important economic activity carried on in Sarawak. The principal minerals known to occur in Sarawak are petroleum and bauxite.

6. The staple diet of the population is rice but the actual production in Sarawak is inadequate for its needs, and rice has to be imported, mainly from Siam. Most of the rice planted, is hill padi, and the method of shifting cultivation normally employed, is a very wasteful one, resulting in generally reduced fertility unless the ground is allowed to be fallow for fifteen years or so, after each crop.

Sago, tapioca, maize, yams and sweet potatoes are used in rural areas, to supplement rice.

7. Sarawak is a relatively healthy country by tropical standards. Tropical diseases such as bilharziasis, cholera, yellow fever, typhus, plague and relapsing fever are not encountered and smallpox has not occurred in the country for many years.

8. The four main general hospitals in the country are situated at Kuching, Sibü, Simanggang and Miri. The first three are Government institutions but the Miri General Hospital is staffed and run, on behalf of the Government, by the Sarawak Shell Oilfields Limited. In addition there are small mission hospitals at Kapit, Kanowit, Sarikei, Mukah, Long San and Serian, which deal almost exclusively, with maternity cases. Other institutions run by the Government Medical Department, are the Sarawak Mental Hospital, seven miles from Kuching, and the Rajah Sir Charles Brooke Memorial Settlement for patients suffering from leprosy, situated at 13th Mile on the Kuching-Penrissen Road.

9. There were seventeen private medical practitioners registered in Sarawak in addition to the twenty-five Government Doctors and Specialists and two Shell Oilfields doctors working in the country during 1959.

10. There were five Government Dental Officers and 155 private dentists registered during 1959, but of the latter, only one was a fully-qualified dentist, the rest being unqualified local dentists registered under the Dentists Registration Ordinance.

11. Outside of Government Service, there are no qualified pharmacists in Sarawak, but licences to sell poisons were issued to seventy-eight shops and firms during 1959.

12. The number of midwives, registered under the Midwives Ordinance was 174.

13. The estimated Sarawak recurrent expenditure for all purposes for 1959 was \$51,519,100 of which \$5,609,245 was devoted to Health Services, representing approximately 10.9 per cent of the total budget. In addition the sum of \$8,814,578 was voted under Part 2 of the Estimates, for Medical and Health Development projects.

## II. GENERAL REMARKS

14. The year has been mainly one of re-organisation and consolidation. One outstanding event, however, was the official opening, on December 17th, by His Excellency The Officer Administering the Government, of the new 100-bed General Hospital at Simanggang, in the Second Division.



15. The country-wide Anti-Malaria Control Scheme has continued to be the most important mass health campaign in Sarawak, and progress was considerable during the year. Transmission of malaria still continues to a very limited extent, but the aim of total eradication of the disease has come nearer realisation. The present position can be summed up by the statement that very satisfactory control of malaria, throughout Sarawak has now been achieved, but a concentrated effort will be required during the next three or four years, to achieve the goal of total eradication.

16. The staffing position in the Department greatly improved during the year, and for the first time in many years, all vacancies for specialists and medical officers had been filled by the end of 1959. This has allowed medical officers in all divisions, the opportunity of travelling extensively, with the result that the supervision of static and travelling dispensaries has greatly improved. It can be said that there are now very few areas in Sarawak which are not within reach of medical attention of some kind, be it only the services of an Ulu Dresser. There has been a shortage of Nursing Sisters however, and on an average, there were six to eight vacancies on the establishment throughout the year, in spite of the local recruitment of temporary nursing sisters. The position had improved, however, by the end of December. The recruitment of local personnel for nursing and other hospital and technical posts, was satisfactory and it is anticipated that there will be waiting lists for all new posts in the establishment in 1960.

17. During the year plans were prepared for the re-organisation and expansion of the Health Section of the Department, in view of the emphasis now being placed on the preventive aspects of the Service.

18. Plans were also prepared, and funds obtained for a complete reconstruction of the Medical Headquarters Office. By the end of the year the partitioning and air-conditioning of the office building was well advanced. New offices are being provided for senior officers including a Medical Officer of Health, Principal Matron, Health Matron and Health Superintendent.

19. The Development programme made satisfactory progress during the year, and details of the various schemes under the control of the Medical Department are contained in the body of the Report.

20. The Director of Medical Services, Dr. W. Glyn Evans proceeded on leave prior to retirement on 22nd August, 1959, and his successor, Dr. D. A. Baird, arrived in Sarawak, on December 12th.

### III. STAFF

21. The staff of the Department as at the 31st December, 1959, was as follows:—

<i>Designation</i>	<i>Establishment</i>	<i>Actual</i>	<i>Remarks</i>
Director of Medical Services ... ..	1	1	See paragraph 20.
Deputy Director of Medical Services ... ..	2	2	One seconded to Brunei.
Ophthalmologist ... ..	1	1	For the two Borneo Territories.
Specialist Alienist ... ..	1	1	—
Surgeons ... ..	2	2	Kuching and Sibü.
Medical Officers ... ..	19	19	Including three Part-time Lady Medical Officers.
Travelling Medical Officers ... ..	3	—	Posts being abolished in 1960.
Pharmaceutical Chemist ... ..	1	—	—
Travelling Sanitary Superintendent ... ..	1	1	Seconded to Kuching Municipal Council as Health Officer.
Superintendent of Leper Settlement ... ..	1	1	—
Superintendent of Mental Hospital ... ..	2	2	—
Superintendent of Travelling Dispensaries ... ..	1	1	—
Matron, Grade I ... ..	1	—	On leave prior to retirement.
Matron, Grade II ... ..	3	3	—
Sister Tutors ... ..	3	2	One vacancy for Sibü.
Health Sisters ... ..	2	2	—
Social Welfare Officer ... ..	1	1	—
Nursing Sisters ... ..	16	13	Including three Temporary Sisters.
Dental Officers ... ..	5	5	One supernumerary appointment.
Laboratory Superintendent ... ..	1	1	—
Radiographer ... ..	1	1	—
Pharmacist ... ..	1	1	—
Technical Assistants ... ..	27	27	For Laboratory and X-ray.
Dispensers ... ..	24	24	Including seven Probationers.
Hospital Assistants and Nurses (all grades)	248	245	—
Domestic Supervisors ... ..	3	3	—
Warden, Nurses' Quarters ... ..	1	1	—
Assistant Nurses ... ..	88	80	—
Trained and Domiciliary Midwives ... ..	15	15	—
Health Visitors (all grades) ... ..	30	28	—
Dental Mechanics ... ..	5	5	—
Dental Nurses ... ..	2	2	—
Administrative Assistants ... ..	2	2	—
Clerks ... ..	24	24	—
Health Inspectors (all grades) ... ..	38	37	—
Miscellaneous Subordinate Staff ... ..	129	129	—

A list of the qualified Medical Staff, as at 31st December, 1959, appears as Appendix I to this report.



22. The staffing position greatly improved during the year except in the case of Nursing Sisters, and Sister Tutors.

23. A Sister Tutor (Midwifery) was appointed in September 1955 to fill one of the two vacancies for tutors, but the other remained unfilled at the end of the year.

24. There were three vacancies for nursing sisters at the end of 1959, in spite of the arrival of four new sisters and the appointment locally of three temporary sisters.

25. Although all posts for medical officers were filled on 31st December, three were held by temporary part-time lady medical officers doing maternity and child welfare work in Kuching, Sibü and Simanggang.

26. Of the three posts of travelling medical officer, only one was filled during 1959, but he resigned in September. All three posts were vacant on 31st December, and it is planned to abolish them in 1960, and to increase the establishment of general duty medical officers instead.

27. The Matron, Grade I proceeded on leave prior to retirement, in August, and no replacement had arrived by 31st December.

28. The Pharmaceutical Chemist resigned in May, and the vacancy had not been filled by the end of the year. The post has been temporarily filled by a Pharmacist who is acting as Pharmaceutical Chemist.

29. On October 1st the New Constitution for Brunei came into force, and all Sarawak staff seconded to the State were offered either transfer to the Brunei Establishment or abolition terms. Two nursing sisters and one health sister accepted transfer, and the Sarawak establishment was correspondingly reduced. The medical officer and health inspector seconded to Brunei did not accept transfer, and are being taken back into the Sarawak establishment. The position of the Deputy Director of Medical Services, Sarawak, seconded to Brunei as State Medical Officer was still uncertain at the end of 1959.

30. The Acting Director of Medical Services represented the Government of Sarawak at the World Health Organisation Regional Committee for the Western Pacific Region in Taipei, Taiwan, in September. The Divisional Medical Officer, First Division, represented the Government at the 9th Borneo Malaria Conference, held in Semarang, Central Java, Indonesia, on December 15th—19th. Chief Staff Nurse Judy Chung attended a World Health Organisation Conference on Maternity Care in Manila from 9th—20th March, and the Medical Officer seconded to Brunei was a delegate at a Seminar on The Education and Training of Environmental Sanitation Personnel, held in Tokyo, from October 21st to November 5th.



#### IV. VISITORS

31. The following visitors from overseas were shown various aspects of the Department's work during the year:—

Mr. John Baxter	—	World Health Organisation Fellow studying Hospital Architecture from Kenya.
Mr. P. S. Eschavez	—	World Health Organisation Regional Sanitary Engineer.
Professor C. Y. Chow	—	World Health Organisation Regional Entomologist.
Mr. Officer Brown	—	Australian Thoracic Surgeon.
Mr. A. P. Peterson	—	American Consul General, Singapore.
Mr. G. W. Shannon	—	Second Secretary, Australian Commission, Singapore.
Mr. P. Carson	—	Canadian Government Trade Commissioner, Singapore.
Mr. K. G. Goodchild	—	Stores Department, Crown Agents, London.
Sir J. Barlow, M.P.	}	Members of the United Kingdom Branch of the Commonwealth Parliamentary Association.
Mr. E. Fernyhough, M.P.		
Mr. A. E. Oram, M.P.		
Mr. W. J. Peel, M.P.		
<del>Mr.</del> M. J. Colbourne	—	World Health Organisation Regional Malaria Adviser.

#### V. TRAINING

##### (a) Overseas

32. During the year thirteen members of the staff returned to duty having completed courses of training overseas as follows:—

<i>Course</i>	<i>Number</i>	<i>Where Taken</i>
Medicine	1	University of Malaya
Dentistry	2	1 in Malaya, 1 in United Kingdom
Dental Mechanics	2	Penang
Dental Nursing	1	New Zealand
Health Inspection	2	New Zealand
Ward Sister's Course	1	United Kingdom
Occupational Therapy	1	Singapore
Hospital Dispensing	1	Australia
Radiography	1	United Kingdom
F.R.C.S.	1	United Kingdom
	<hr/> 13 <hr/>	

33. In addition as at 31st December a further twenty-nine, some of them staff and others students, were undergoing medical and para-medical training as follows:—

<i>Course</i>	<i>United Kingdom</i>	<i>Malaya</i>	<i>Colombo Plan Countries</i>
Post-Graduate Dental (Dental Public Health)	—	—	1
Post-Graduate Medical (M.R.C.O.G.)	1	—	—
Medicine	—	4	6
Dentistry	—	1	1
Nursing	2	—	1
Pharmacy	—	1	—
Dental Nursing	—	—	1
Health Inspection	—	—	6
Post-Graduate Nursing Course (T.B.)	—	—	4
	<hr/> 3 <hr/>	<hr/> 6 <hr/>	<hr/> 20 <hr/>

34. One local Medical Officer distinguished himself by obtaining the F.R.C.S. qualification of both England and Edinburgh. Another is continuing his studies with a view to acquiring a qualification in obstetrics and gynaecology.

35. Valuable help in the training of personnel of all kinds, was received from Colombo Plan countries. In addition to degrees and diploma courses in Medicine and allied subjects, short courses of instruction were arranged in Australia, for dispensers, nurses and hospital assistants. Two nurses and two hospital assistants were sent to Western Australia during the year for a 6-9 months course in Tuberculosis Nursing and four more are due to follow them on a similar course early in 1960.

#### **(b) Local**

36. The training of nurses and hospital assistants continued during the year in the two nursing training schools in Kuching and Sibuluan. An initial 3-months course for all students was held in the Preliminary Training School attached to the Kuching General Hospital, and further practical and theoretical training was carried out in the wards and classrooms of Kuching and Sibuluan Hospitals. A sister tutor was available in Kuching but the post of Sister Tutor in Sibuluan Hospital unfortunately remained vacant throughout the year. Training of probationers was however carried on by the matron, and nursing sisters. During the year twenty-three nurses and hospital assistants passed their final qualifying examination, and at the end of the year there were eighty-eight probationers in training.



37. Training of nurses/midwives, and “bidans” continued during the year and the training programme was strengthened by the arrival of a qualified midwifery tutor who is stationed in Kuching. Forty-two midwives qualified during the year, and there were thirty-two in training at the end of 1959.

38. The training of “ulu” dressers was discontinued during the year, pending a review of the scheme.

39. The local training of X-ray technicians, laboratory technicians and dispensers continued in Kuching. Four technicians and three dispensers passed their final qualifying examination during the year, and there were nine and seven probationers respectively, in training at the end of the year. The appointment of a medical officer to take charge of the Central Pathological Laboratory, greatly strengthened the training programme for laboratory technicians, and a completely revised syllabus has been introduced. It is hoped to obtain the services of a laboratory technologist in 1960, under the Colombo Plan, to assist in the practical and theoretical training of technicians.

40. The World Health Organisation advisers and the Government Malaria Superintendents attached to the anti-malaria project are undertaking the training of entomological assistants and microscopists. Three of the senior local staff attached to the anti-malaria project, received special training in Manila, in malaria eradication techniques, during the year.

## VI. HOSPITALS AND DISPENSARIES

### (a) General Hospitals

41. There are four general hospitals in Sarawak, situated in Kuching, Sibü, Simanggang and Miri. The last-named is staffed and run by the Sarawak Shell Oilfields Limited, and receives a Government grant to cover the treatment of non-Company patients. Plans are being prepared for the take-over of this hospital before the end of 1960, by the Government Medical Services.

The distribution of beds in these hospitals, as at 31st December, 1959, was as follows:—

<i>Hospital</i>	<i>General</i>	<i>Obstetrics</i>	<i>Tuberculosis</i>	<i>Infections</i>	<i>Mental</i>	<i>Total</i>
1. Kuching Hospital	163	60	72	5	—	300
2. Lau King Howe Hospital, Sibü	98	28	48	12	6	192
3. Simanggang Hospital	65	4	36	—	—	105
4. Miri Hospital (S.S.O.L.)	77	10	—	—	—	87
Total	403	102	156	17	6	684

## 42. General Hospital Returns

### IN-PATIENTS

<i>Hospital</i>	<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>
Kuching Hospital	7,165	7,696	7,426	7,925	8,395
Lau King Howe Hospital, Sibu	3,490	3,689	3,954	4,594	5,637
Simanggang Hospital	855	1,044	1,192	1,205	1,326
Miri Hospital (S.S.O.L.)	2,461	2,583	2,468	2,174	2,079
Total	<u>13,971</u>	<u>15,012</u>	<u>15,040</u>	<u>15,898</u>	<u>17,437</u>

## 43. General Hospital, Kuching

This Hospital serves Kuching, the whole of the First Division, part of the Second Division, and has catered also for patients referred from Simanggang Hospital for X-ray and special examinations. The senior professional staff consists of—

- 1 — Medical Officer-in-Charge
- 1 — Surgical Specialist
- 4 — Medical Officers
- 1 — Matron
- 2 — Tutors
- 7 — Nursing Sisters

44. There is still a shortage of trained nursing staff for the wards but there has been a substantial increase in the number of probationers recruited, and the situation should improve steadily in the next two or three years, when more of these pass their qualifying examination.

45. There is still a shortage of beds, and over-crowding has been unavoidable, especially in the children's wards and the acute surgical wards. Sketch plans for a new 500-bed General Hospital were in course of preparation by the Public Works Department during the year, and it is hoped that these will be submitted to Government for approval in 1960.

46. The hospital was completely redecorated and the following major improvements were carried out:—

- (a) A complete reconstruction of the theatre and X-ray suite, including tiling of the entrance hall and ancillary rooms, air-conditioning, and installation of new lamps.
- (b) The building of a new steam laundry and auto-clave room. The former has proved to be a great boon, especially during the wet season. The auto-clave room is also used as a drum-packing unit, by the operating theatre staff.



47. *The Lau King Howe Hospital, Sibu.*

Major reconstruction work, and additions to this hospital, which caters for the biggest division of Sarawak, continued during 1959. Two new medical wards, each of forty beds were completed and opened during the year, and new kitchens and a laundry were commissioned. A new mortuary was also completed, and work started on a new, air-conditioned operating suite, containing two theatres and a central sterilizing room. The old wards were partially demolished, and are in the process of being completely renovated. A new X-ray room attached to the out-patient department was also built, and awaits the installation of a miniature X-ray camera unit. By the end of 1960, when all the work has been completed, this will be the most modern and best-equipped hospital in Sarawak. The senior professional staff consists of—

- 2 — Medical Officers
- 1 — Surgical Specialist
- 1 — Matron
- 3 — Sisters

48. *Simanggang General Hospital.*

The completion and occupation of a new general hospital at Simanggang was the highlight of the year in the Second Division. The new hospital is a compact institution containing 105 beds for general medical and surgical cases, maternity cases, children, and tuberculosis patients. It has a modern air-conditioned theatre suite, an X-ray unit, and should cater adequately for the needs of the Second Division.

49. *Miri General Hospital.*

This hospital is owned by the Sarawak Shell Oilfields who run and staff it, and receive a grant from Government for treating non-company patients. During the year, however, plans for the take-over of the hospital by Government during 1960 were initiated. A complete renovation of the hospital buildings and staff quarters was undertaken by the Sarawak Shell Oilfields Limited and it is now an attractive and very well-equipped hospital, containing 87 beds, well able to cater for the needs of the Fourth Division. As a first step towards the eventual take-over by Government, a Government surgeon was posted to do duty in the hospital, towards the end of 1959.

**(b) Static and Travelling Dispensaries**

50. There were twenty-nine static and fourteen travelling dispensaries functioning in Sarawak during the year. All these are manned by trained hospital assistants, supervised by divisional medical officers.



51. Nearly all static dispensaries contain rest-beds for the admission of patients from a distance who require a few days in-patients treatment. Returns for the year are as follows:—

<i>First Division</i>	<i>No. of Rest-beds</i>	<i>New Patients</i>	<i>Admissions</i>
Bau Dispensary	4	5,811	26
Lundu Dispensary	4	5,739	61
Serian Dispensary	5	12,419	24
Tebakang Dispensary	4	3,216	211
*Nonok Dispensary	3	1,266	1
<i>Second Division</i>			
Lubok Antu Dispensary	4	3,710	83
Engkilili Dispensary	4	9,768	131
Lingga Dispensary	2	2,087	6
Sebuyau Dispensary	5	4,005	115
Saratok Dispensary	5	4,396	140
Debak Dispensary	—	7,872	28
*Spaoh Dispensary	8	883	24
Betong Dispensary	12	6,736	455
<i>Third Division</i>			
Sarikei Dispensary	12	20,146	323
Binatang Dispensary	12	20,054	165
Kanowit Dispensary	10	8,447	68
Kapit Dispensary	4	8,927	54
Belaga Dispensary	8	3,997	46
Julau Dispensary	14	5,860	288
Song Dispensary	8	5,400	91
*Mukah Dispensary	8	4,617	63
Matu Dispensary	6	4,949	1
Balingian Dispensary	6	2,798	77
<i>Fourth Division</i>			
Marudi Dispensary	8	6,290	237
Miri Dispensary	—	12,132	—
Bintulu Dispensary	14	5,395	56
<i>Fifth Division</i>			
Limbang Dispensary	12	3,032	77
Lawas Dispensary	10	7,288	68
Sundar Dispensary	4	2,714	21
	<hr/> 196	<hr/> 189,954	<hr/> 2,940

\*New Dispensaries opened during 1959.

52. *The travelling dispensaries*, with the exception of the travelling road dispensary based on Kuching, are all established on long-boats, which travel along the rivers to inaccessible kampongs and longhouses following fixed schedules. Returns for the year are as follows:—

<i>First Division</i>	<i>Base</i>	<i>No. of Patients Treated</i>
Travelling Dispensary No. 2	Kuching	14,046
Road Dispensary	Kuching	2,144
Travelling Dispensary No. 3	Simunjan	8,142
<i>Second Division</i>		
Travelling Dispensary No. 4	Simanggang	No figures available
Travelling Dispensary No. 6	Kabong	7,043
<i>Third Division</i>		
Travelling Dispensary No. 7	Sarikei	12,556
Travelling Dispensary No. 8	Kanowit	6,614
Travelling Dispensary No. 9	Kapit	7,050
Travelling Dispensary No. 17	Belaga	1,092
<i>Fourth Division</i>		
Travelling Dispensary No. 11	Tatau	7,839
Travelling Dispensary No. 12	Bintulu	6,991
Travelling Dispensary No. 13	Bekunu	10,588
Travelling Dispensary No. 14	Marudi	2,298
<i>Fifth Division</i>		
Travelling Dispensary No. 16	Limbang	5,549
Total		91,952

53. During 1959, new static dispensaries were opened at Nonok, in the First Division and at Spaoh in the Second Division. Mukah Dispensary in the Third Division was rebuilt and the new building brought into use during the year.

The travelling dispensary at Debak ceased to function as such, and became instead, a static dispensary.

54. There are fifty-one ulu dressers throughout the country distributed as follows:—

	<i>Number</i>	<i>Employed by</i>
First Division	11	{ 10 Local Authority 1 Government
Second Division	8	
Third Division	2	All Local Authority
Fourth Division	27	Government
Fifth Division	3	Government

## VII. SPECIAL HOSPITALS

### (a) The Sarawak Mental Hospital

55. The number of patients in hospital on 31st December, 1958, was 307, and there were three on parole. During the year there were 338 admissions and 342 discharges. On December 31st, 1959, there were 270 patients in hospital, and twenty patients on parole. Fifteen deaths occurred during the year.

56. The types of mental disorder treated, are given in the following table:—

<i>Disorder</i>	<i>New Cases</i>	<i>Re-admissions</i>
Hypomania	10	6
Manic-Depressive Psychosis	2	8
Depression—All types	24	12
Schizophrenia—All types	67	39
Hebephrenia	57	11
Paraphrenia	2	1
Paranoid State and reactions	9	1
Puerperal Psychosis	4	—
Recurrent Mania	—	1
Dementia, Unclassified	1	—
Psychosis—various causes	4	1
Post Encephalitic Parkinsomsm	1	—
Cerebro Syphilis	2	2
G.P.I.	4	—
Brain Injury	3	—
Dementia—Presenile and Senile	8	1
Involutional Depression	14	3
Involutional Paranoid State	6	2
Involutional Delusional State	1	—
Senile Confusional State	1	—
Peripheral neuropathy	—	2
Anxiety neurosis	3	—
Psycho-neurosis	2	—
Hysteria	2	—
Epilepsy	2	2
Epilepsy with amentia	1	—
Amentia	5	2
Feeble-mindedness	—	1
Psychopathy	1	—
Malignancy	1	—
Vagrancy	—	1
N.A.D.	3	2
	<hr/> 240	<hr/> 98



57. The year has been a considerable expansion of psychiatric work both inside the hospital and outside, at psychiatric out-patient clinics conducted by the Specialist Alienist, first at the General Hospital, Kuching, and later at the Sekamah Road Clinic. The Specialist Alienist also made frequent visits to Sibu, and other centres in the Third Division, and held clinics and treatment sessions there, when attending court cases. His services have been greatly appreciated by both doctors, and the public, and a request was made in Council Negri for more frequent visits.

58. In the hospital itself, there have been many innovations. Straight E.C.T. treatment continued to be given to an increasing number of patients, and modified E.C.T. treatment, using oxygen equipment, was introduced, thus extending the range of E.C.T. to high-risk cases.

59. Male occupational therapy was greatly increased, from approximately twenty patients employed daily at the end of 1958, to 130 in 1959. Two unsightly hillocks which blocked the front of the hospital were removed and a playing field, a fish pond, and a vegetable garden were constructed.

60. On the female side, the appointment of a Domestic Supervisor, and later of an Occupational Therapy Nurse, resulted in all female patients getting two sessions of therapy per week, and the female wards are now as empty of patients during the day as those on the male side. A mat-weaving group is now very active and produces, from raw materials collected by the male patients, all the sleeping mats used in the wards.

61. In August four wards, out of the six, in the main hospital were operated on an "open-ward" basis, and this extension of the considerable amount of freedom which the patients already enjoyed during occupational therapy hours, has worked well. The local shop-keepers in the nearby bazaar, far from complaining, welcome the increase in trade which has resulted from this open ward policy.

62. There is an active social life at the hospital. Film shows are given every fortnight, by the Information Department, and the British Council, and a Patients Social Club, which meets weekly, is very popular. In December, Radio Sarawak made a live broadcast of a Christmas party held by the Club, and this proved to be one of the most popular of the "Saturday Night Out" series of broadcasts. Every evening also, patients are taken in groups, for organised walks in the neighbourhood, by members of the staff. In June, the first anniversary of the opening of the new Sarawak Mental Hospital, an Open Day was organised by the Superintendent, and a very large number of people attended the sale-of-work, and were conducted round the hospital wards. There are increasing signs that the local people are losing their fear of mental disease, and visitors to the hospital showed an encouraging increase during the year.



63. Training of mental nurses and hospital assistants was carried out by the senior staff, and the first full training course was completed during the year. Nine probationers passed their qualifying examination in October. In addition, two courses of lectures on psychiatric nursing, were given to nurses attending the course in General Nursing, at Kuching General Hospital, and a third course was given to trainee Health Visitors.

64. Mental Health Education of the public was carried out on the occasion of World Health Day, by means of lectures on Radio Sarawak, and a film show in Kuching. Later in the year, Radio Sarawak broadcast a full-length feature programme on Mental Illness which was well-produced and received.

#### **(b) The Rajah Sir Charles Brooke Memorial Settlement**

65. The treatment of all patients suffering from leprosy in Sarawak, Brunei and North Borneo, is now carried out in the Rajah Sir Charles Brooke Memorial Settlement at 13th Mile, Penrissen Road, near Kuching. In addition to the standard treatment with D.D.S. tablets, groups of patients were treated during the year with other drugs. Intramuscular Sulfon U.C.B., and D.P.T. tablets, have been given to small groups of cases, and the latest form of treatment using Etusil, applied in ointment form, was introduced by the Superintendent during 1959. Results have been promising, and the marked reduction in the bacillary index which follows a course of treatment with this new drug, has been demonstrated, in the first three groups of patients treated—totalling thirteen in all. Further tests are being carried out.

66. During the year, eighty-two new cases were admitted, compared with 101 in 1958. Of these seventeen came from North Borneo but none from Brunei. An unusually high number of the cases admitted were in the sixty and over age group and a large number of these were heavily infected.

Discharges were lower than in 1958, but a most pleasing feature was that of the sixty-nine discharged, forty-seven had been undergoing treatment for periods of from two to four years only. Nine deaths occurred during the year.

On the 31st December, 1958, there were 384 patients in the Settlement, and the number on the roll, on the 31st December, 1959, was 388. Of these 143 were Chinese, and 136 Ibans.

67. A review of the last ten years, i.e. the period since the Sulphones (D.D.T.) became available, shows that there were 418 patients on the roll on 1st January, 1950. Since then, there have been 724 admissions and 612 discharges. 119 patients have died and there are twenty-three classed as miscellaneous. Thus there has been a slight reduction of thirty in the final number on the roll. The discharge rate has increased from an average of thirty-five per year to an average of seventy-nine in the years 1954-1959. The fact that the admission rate has also increased, is due, in part at least to the successful leaving ceremonies which have been a feature of the Settlement, and to the knowledge spread abroad by



discharged patients. The help and encouragement given by Sir Anthony Abell, during his term of Office as Governor, did much to remove the stigma from this disease, and played a great part in assisting the rehabilitation of patients discharged from the Settlement.

68. Development work continued during the year, and projects which were undertaken included agricultural activities such as the planting of oil-palms, engkabang and citrus trees, cashew nuts and rambutans. The planting of clonal rubber trees progressed, and the fowls and pigs now joined by nine goats, donated by Kuching donors are looked after by the school children. Handicrafts such as sewing, mat-weaving, beadwork and dressmaking for the girls, and net-weaving and carpentry for the boys, were taught by adult patients. There has been a steady sale of engraved parangs, mats, cloths, wooden bowls, lampstands and paintings made by patients.

69. Regular visit to the Settlement were paid by the Red Cross Society, Kuching Division, and gifts of reading matter, comforts and parcels for the children, were regularly distributed. Clergy of different denominations visited the Settlement weekly to hold services.

#### **(c) The Tuberculosis Hospital, Miri**

70. This hospital, which has sixty beds for tuberculosis patients was built by Government, but is staffed and run by the Sarawak Shell Oilfields Limited. Plans were made during the year, however, for the complete take-over of the hospital by Government, on 1st January, 1960, and with this end in view, a Government Medical Officer was posted to Miri for the first time, in April, 1959, to act as Divisional Medical Officer, Fourth and Fifth Divisions. He assumed clinical control of patients in the hospital, later in the year, and by the end of December, final arrangements had been completed, and staff recruited.

There were forty-three patients remaining in the hospital on 31st December, 1958. During the year there were 241 admissions. 203 discharges and fifteen deaths. At the end of 1959, fifty-six patients remained in the hospital.

#### **(d) Mission Hospitals**

71. Small hospitals are run by various Missions, in Sarawak, all with help from Government, in one way or another. They are as follows:—

- (a) The Christ Hospital, Kapit—run by the Mission with a staff of three doctors. It has at present thirty-six beds. A new hospital is in course of construction which should be completed in 1960.
- (b) The Roman Catholic Mission has small hospitals at Serian (12 beds) in the First Division, Long San (16 beds) in the Fourth Division, Sarikei (10 beds), Mukah (5 beds) and Kanowit (26 beds) in the Third Division.

All have done valuable work during the year, and have received help from Government in the form of supplies of drugs, and professional advice, when required.

## VIII. SPECIALISED SERVICES

### (a) Ophthalmic Services

72. 1959 was the fifth year of operation of the inter-territorial ophthalmic service in Sarawak, Brunei and North Borneo, and during the year the Ophthalmologist spent 161 days in Sarawak, 114 of which were spent in Kuching and forty-seven visiting Simanggang, Lawas, Miri and Bintulu.

73. The number of patients treated in Sarawak in comparison with the figures for the previous four years, is shown below:—

<i>Year</i>	<i>Patients Treated</i>
1955	2,425
1956	4,855
1957	3,558
1958	4,086
1959	3,823

74. The main conditions treated were:—

Optical	776 (595 spectacles prescribed)
Inflamamtory Diseases	1,913
Injuries	348
Degenerative Diseases	244
Congenital and hereditary disease	77
Neoplastic conditions	41
Nutritional Diseases	28
Diseases due to climate	370
Blindness	73

75. The causes of blindness in the seventy-three cases seen were as follows:—

Cataract	20
Claucoma	10
Trachoma	8
Infection in Infancy	4
Measles	1
Keratomalacia	6
Optic Atrophy	4
Sympathetic Ophthalmitis	4
Dysenteric Infection Infancy	1



Phthisisbulbi (unknown infection)	6
Retinitis Pigmentosa	4
Uveitis	2
Corneal ulcers	1
Syphilitic papillitis	1
Bilateral panophthalmitis	1
	<hr/>
	73
	<hr/>

76. 71 per cent of the above occurred amongst the indigenous population, of which 56 per cent were Dayaks.

It is calculated by the Ophthalmologist that 13 per cent of the blindness in Sarawak is preventable.

77. The number of eye operations performed by the Ophthalmologist was as follows:—

Cataract	65
Enucleation of eyeball	14
Other major operations	35
Minor Operations	562
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Total	676
	<hr/>

#### (b) Dental Services

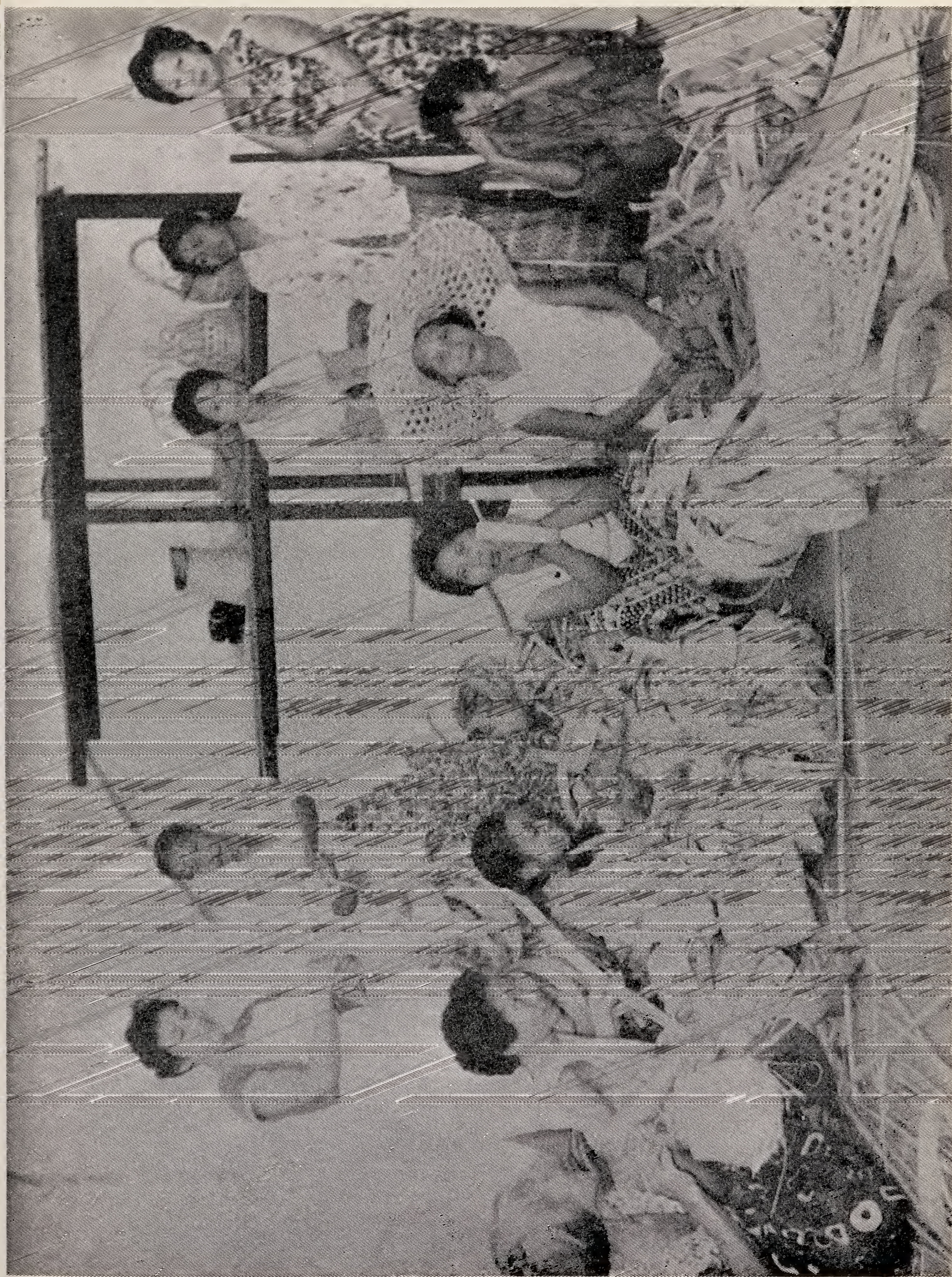
78. At the end of 1959, there were four Dental Officers, two Dental Nurses, five Mechanics and six Attendants employed in the Kuching and Sibü Dental Clinics. Visits were paid to Miri and Simanggang, and also short visits to Binatang, Song, and Kapit by the Dental Officer, Sibü.

79. A Central Dental Store was set up, during the year in Kuching, and stores for all Dental Clinics are now issued from this. It has an air-conditioned room, for the storage of items of equipment liable to be affected by heat and humidity.

80. The total attendances at the two main Clinics were as follows:—

Kuching Dental Clinic	26,414
Sibü Dental Clinic	10,787
	<hr/>
	37,201
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Occupational Therapy at the Sarawak Mental Hospital





The New Simanggang General Hospital

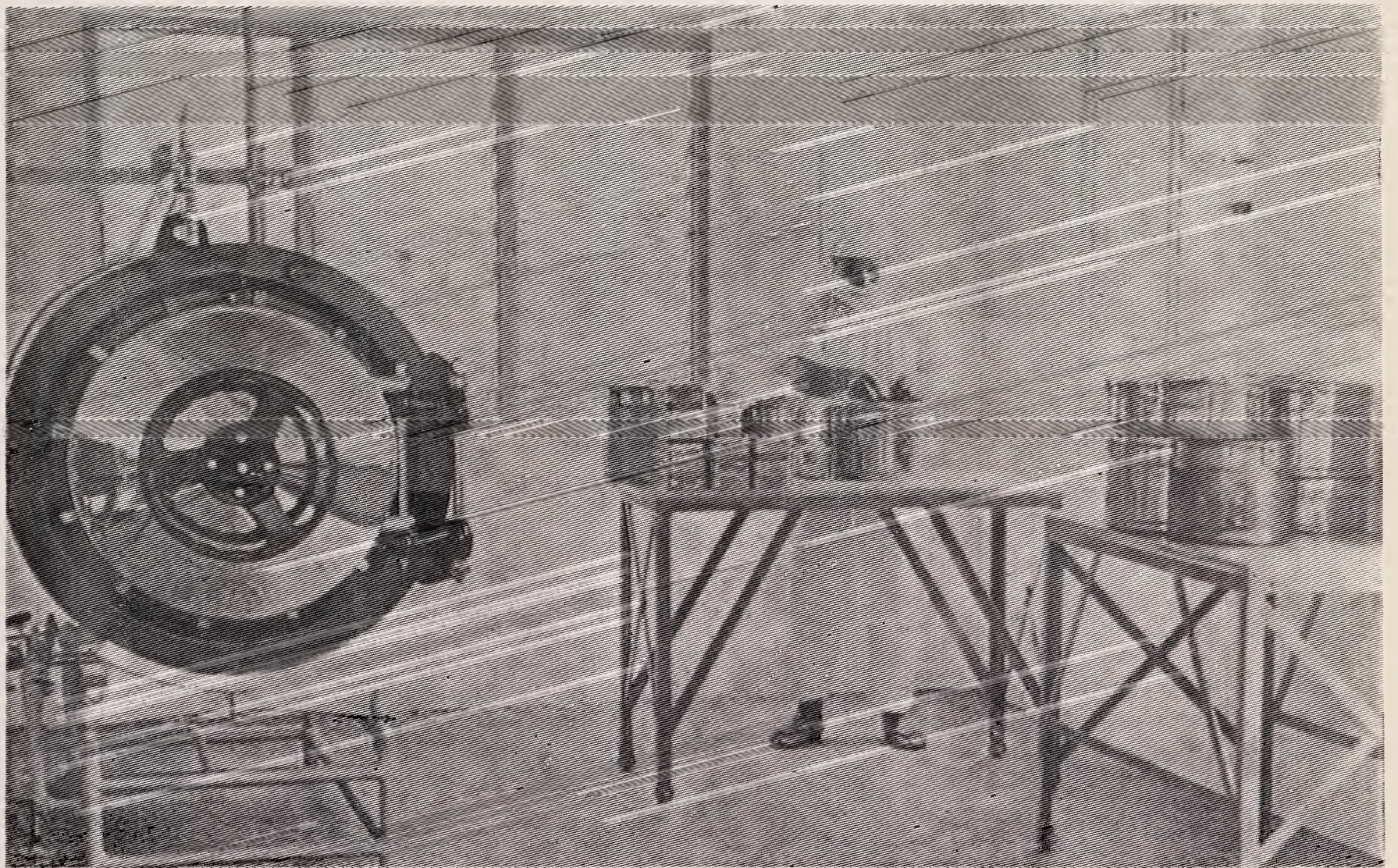


His Excellency the Officer Administering the Government declaring the Hospital open on December 17th, 1959.





The New Laundry — Kuching General Hospital



New Drum Packing and Sterilising Unit — Kuching General Hospital





Newly Qualified Nurses and Hospital Assistants following presentation of Certificates at the Lau King Howe Hospital, Sibu, Nurses Training School



Nurses Preliminary Training School Practical Class — Kuching General Hospital



Treatments given included 36,113 extractions, 7,757 fillings, and 831 periodontal treatments and scalings. 737 dentures were supplied and a further 109 repaired. 349 Dental X-rays were taken.

81. Total attendances show a 50 per cent increase on the figure for 1958. The amount of conservative work (e.g. fillings, etc.) shows an increase of approximately 35 per cent. The attendance given to school children, showed a very substantial increase, during the year.

Working exclusively with school children one dental nurse in Kuching conducted 6,100 dental examinations, performed 6,402 extractions and filled 2,452 teeth. This demonstrates how these trained nurses can relieve the more highly paid professional dental officer.

82. One Dental Officer completed a post-graduate course in United Kingdom and was awarded a Diploma in Public Dentistry, and a second left for Canada where he is studying for a Diploma in Dental Health in Toronto, under the Colombo Plan Scholarship Scheme.

### **(c) Pathological Laboratory Services**

83. The Central Pathological Laboratory is in Kuching and there are laboratories at the other three General Hospitals, as well as small laboratories attached to the Health Centre, Kuching, and the Sarawak Mental Hospital.

84. During the year a Medical Officer was appointed to take charge of the Central Pathological Laboratory, and he has re-organised the training syllabus for Laboratory Technicians, as well as effecting a large number of technical changes in the bacteriological and serological sections of the laboratory. His appointment has resulted in a marked improvement in the Central Laboratory Services, and in the accuracy of the reports on specimens submitted by medical officers. A list of new equipment required has been prepared, and will be supplied to the laboratory in 1960.

85. A summary of the work done at the Central Pathological Laboratory, Kuching, is given below:—

Haematology	13,522
Serology	12,933
Biochemistry	5,479
Bacteriology	6,350
Parasitology	3,226
Water, Milk and Food	997
Histological preparations	236

### **(d) X-Ray Services**

86. X-ray Departments are attached to the General Hospital, Kuching, the A.T.A.S. Clinic, Kuching, the Lau King Howe Hospital, Sibuluan, and the General and T.B. Hospitals, Miri. During the year, a new 400 MA unit was installed in



the General Hospital, Kuching, and the old Newton Wright set was removed and sent to Singapore for complete overhaul, before being installed in the new Simanggang Hospital. A new 100 mm. Odelea Mass Miniature Camera was installed in the A.T.A.S. Chest Clinic, Kuching in November, and the 35 mm. set was removed and sent to Singapore for overhaul before being installed in Sibü.

87. Work done by the Kuching Units in 1959 is shown below:—

	<i>No. of Cases X-rayed</i>
Kuching General Hospital	6,464
A.T.A.S. Chest Clinics (Mass Miniature)	5,281
A.T.A.S. Chest Clinic (Large Films)	6,280

The Kuching General Hospital figures given below indicate the variety of work being done:—

Bone X-rays	2,169
Chest X-rays	3,519
Gall Bladder Work	63
Genito-Urinary Work	403
Gastro-Intestinal Work	296
Abdomen (straight)	161
Obstetrical Work	244
Sinuses	3
Total	<u>6,858</u>

#### (e) Surgical Services

88. During the year there were two Surgical Specialists on the establishment, one attached to the Kuching Hospital, and one to the Lau King Howe Hospital, Sibü. In October one of the local medical officers studying overseas returned having obtained a post-graduate surgical qualification and was posted to Sibü. This allowed for the transfer to Miri of a surgeon to do duty in the Sarawak Shell Oilfields Limited Hospital, as the first step towards a gradual take-over of the hospital from the Company in 1960. In Simanggang the surgical work is undertaken by one or other of the two medical officers attached to the hospital.

89. The total number of operations performed in Kuching, Sibü and Simanggang, is shown below. The figures for 1958 are given for comparison:—

	1959	1958
Kuching General Hospital	4,745	2,709
Lau King Howe Hospital, Sibü	3,379	1,945
Simanggang Hospital	253	260

90. The most common major operations performed were repair of inguinal herniae, appendioectomy, removal of mixed parotid tumors, closure of perforated peptic ulcers, laparotomics and Caesarean sections. In Sibu, thirty-three thyroidectomies were performed as opposed to nine in Kuching, an indication of the prevalence of goitre in the Third Division. Fracture were common in all three hospitals, with a peak occurring at the time when the trees were being felled prior to the planting of hill padi.

91. During the year, extensive alterations were made to the operating theatre suite at the General Hospital, Kuching, including tiling of floors, new air-conditioning plant, new operating theatre lamp in the main theatre, new ceiling boards throughout, and re-wiring and improvement of the layout of the sterilising room. A first-class, modern air-conditioned operating theatre suite came into use in Simanggang when the new hospital was opened in December. A new air-conditioned theatre suite containing two theatres and a central sterilising unit was in course of construction in Sibu Hospital, and this should be completed and in use in 1960. Miri General Hospital theatre suite was also completely renovated during the year, and offers first-class facilities for the surgeon there.

#### (f) Obstetrical and Gynaecological Services

92. The Obstetrical units of all three Government Hospitals operated to capacity throughout the year. In Kuching there was an increase in hospital deliveries but this was offset by a fall in district deliveries. In Sibu, both hospital and district deliveries showed substantial increases. The figures are given below:—

	<i>Hospital Deliveries</i>	<i>District Deliveries</i>	<i>Total</i>
Kuching Hospital	2,352	535	2,887
Lau King Howe Hospital, Sibu	800	379	1,179
Simanggang Hospital	169	—	169
Total	3,321	914	4,235

93. The extent to which the hospitals catered for the obstetric abnormality is shown below:—

	<i>Kuching</i>	<i>Sibu</i>	<i>Simanggang</i>
Caesarean Section	44	57	1
Forceps Deliveries	48	19	5
Manual removal of placenta	34	22	4
Plural births	24	20	4
Breech presentations	72	28	0
Post-partum Haemorrhage	129	64	3
Premature births (5 lbs, 8 oz. and under)	303	137	1



94. Gynaecological clinics were held regularly in Kuching and Sibü. The number of patients seen was as follows:—

	<i>New cases</i>	<i>Attendances</i>
Kuching	255	936
Sibü	198	591

**(g) Maternal and Child Welfare Services**

95. There has been a steady expansion of the work of this section during the year. Local Authorities continue to send girls to Kuching and Sibü to train as Midwives. The Health Matron supervises the Maternal and Child Welfare Services throughout the country and also participates in training of health personnel. During the year she initiated a course for assistant health visitors. Working under the Health Matron there are two health sisters, one in Kuching, the other in Sibü. The locally recruited part-time lady medical officers have been engaged on Maternal and Child Welfare Work at Kuching, Sibü and Simanggang.

96. In Kuching and District, Clinics are now held at 19 different centres, and all are visited regularly by a team of assistant health visitors, supervised by a health sister. At the Central Clinic, which is held in the Health Centre, the services of a doctor are available regularly. Returns for the year, at the 19 Clinics are given below:—

	<i>Infant Welfare Total Attendances</i>	<i>Ante-Natal Total Attendances</i>	<i>Post-Natal Total Attendances</i>
Central Clinic	32,146	15,042	2,355
Sekama Clinic	10,811	4,407	759
Bau Clinic	3,403	1,502	317
Tarat Clinic	4,649	2,706	515
15 Small Clinics	13,102	4,216	585
Totals	<u>64,111</u>	<u>27,873</u>	<u>4,531</u>

97. In Sibü, the main clinic is the Sibü Urban District Council Clinic, which is run and staffed by the S.U.D.C. under the supervision of a Government health sister. All clinic attendances increased considerably during the year. Returns are given below:—

<i>Infant Welfare Total Attendances</i>	<i>Ante-Natal Total Attendances</i>	<i>Post-Natal Total Attendances</i>
36,509	14,239	2,964

98. The district deliveries, conducted by four midwives employed by the S.U.D.C. have shown a steady increase since 1956. This is illustrated by the following table:—

<i>Year</i>	<i>Case delivered</i>
1956	179
1957	229
1958	272
1959	379

There was a decrease in the number of babies born before the arrival of the midwife, during 1959, as the public are beginning to realise the need to call for the midwife early in labour. There were no maternal deaths, and only one still-birth and one neonatal death were recorded. The Council, on the recommendation of the Supervisor, purchased two motor-cycles for the use of the district midwives.

99. Another District Council clinic operates in Sarikei where a staff nurse and a midwife are in charge. Precisely 100 cases were delivered “on district”.

100. Attendances at all clinics held in Sarikei increased during 1959. The returns are as follows:—

<i>Infant Welfare Total Attendances</i>	<i>Ante-Natal Total Attendances</i>	<i>Post-Natal Total Attendances</i>
2,009	2,407	190

101. Prophylactic inoculations were carried out on an increased scale in all Infant Welfare Clinics, and the figures for some, are given below:—

	<i>A.P.T.</i>	<i>B.C.G.</i>	<i>Smallpox</i>	<i>Polio</i>
Kuching and District Clinics	2,178	3,544	6,456	564
S.U.D.C. Clinic	3,565	—	8,610	—
Sarikei District Council Clinic	149	—	7,786	—

#### **(h) Medical Stores Services**

102. The Central Medical Stores continued to be housed in a cramped and unsuitable building attached to the General Hospital, Kuching. Plans have been prepared, however, for a new Central Medical Store, with manufacturing laboratories, to be built as soon as possible at the new Port Area, Tanah Puteh. During the year, a Divisional Medical Store was set up at the Lau King Howe Hospital, Sibuluan. Supplies of drugs, dressings and equipment for the whole of the Third Division are now received there, direct from the suppliers, and distributed to all Dispensaries and Clinics in the Division. Supplies of drugs for Simanggang were still despatched by the Central Medical Stores, but the position will be greatly relieved in future, when greatly increased storage facilities are available in the new hospital. In Miri after the takeover of the General Hospital by Government, it is proposed to set up a Divisional Store there also, to cater for the Fourth and Fifth Divisions.



103. During the year, the Pharmaceutical Chemist resigned, and was replaced by a locally recruited pharmacist, who acted as Pharmaceutical Chemist till the end of the year. A local student, studying Pharmacy in the University of Malaya, is expected to complete his B.Sc. degree early in 1960 and return to Kuching.

Reference has already been made to the training of Dispensers in the Central Medical Stores, Kuching.

### IX. VOLUNTARY ORGANISATIONS

104. *The Social Welfare Council*, under the Chairmanship of Dr. W. Glyn Evans continued to be the recognised Central Welfare Agency, to which Government funds are paid for distribution to other Welfare bodies. The Council is a combined body, representative of all Welfare bodies in Sarawak, and is composed of men and women of various races, creeds and walks of life who give their time and services voluntarily. There is, as yet, no Government Welfare Department but the Government Social Welfare Officer gave valuable help to the Council as an adviser, during the year.

105. *The Anti-Tuberculosis Society of Sarawak* continued its activities during the year. Regular visits were paid by members, to the A.T.A.S. Convalescent Home at 7th Mile, outside Kuching, and occupational therapy encouraged. Two longhouses, built with funds raised from local sources, augmented by a grant from central A.T.A.S. funds, were built at Bintulu and Marudi in the Fourth Division. They cater for patients discharged from Miri T.B. Hospital who require ambulant treatment before returning to their homes in the remote *ulu* areas. Treatment of patients is supervised by the Government Hospital Assistants attached to the Bintulu and Marudi Dispensaries.

106. *The Sarawak Branch of the British Red Cross Society* continued its work of relief for victims of fires and other disasters, and the training of first-aid workers. The Kuching Division has done valuable work in training the blind. Three courses of instruction were held during 1959, each lasting one month, for blind adults from all over Sarawak. Each course catered for up to 10 persons who were given instructions in basket-work and other types of handicrafts, likely to sell in their own areas, on their return home. A blind fund was set up by the Social Welfare Council which gave a grant of \$5,000/- and this fund is administered by a Committee which includes the Government Ophthalmologist, the Social Welfare Officer, and representatives of the British Red Cross Society, the Kuching Rotary Club, and the Social Welfare Council.

107. *The Salvation Army* increased its activities in Kuching during 1959. A new Girls' Home built with the help of C.D. & W. funds was opened 3 miles outside Kuching. It is an attractive modern building catering mainly for orphans, unwanted babies, and the babies of leprosy patients. In addition girls on probation are cared for and there is a section for old and indigent women. A Lady Medical Officer visits the Home each week.



The Boys' Home and Hostel, Kuching was also increased in size, and at the end of the year there were over 20 boys of all ages in residence.

108. *Other Voluntary Agencies.*

In Sibü, MaCarthy Lodge and the Sibü Nursing Home are both run by the Sibü Benevolent Society, a very active local charitable organisation. The former institution caters for aged men and women, while the latter is for men only, including chronic T.B. cases. Government doctors visit and treat cases, and there is a Catholic Sister in charge.

In Miri there is a home for paupers run by a voluntary relief committee.

## **X. ENDEMIC AND EPIDEMIC DISEASES**

### **(a) Malaria**

109. The malaria control project has continued to be the most important mass health campaign in the country, during the year, and progress towards the objective of complete eradication of the disease, has been considerable. Transmission still continues to a very limited extent but the position has now been reached when it can be stated that very satisfactory control of malaria has been achieved throughout Sarawak. A concentrated effort, however, is still required during the next few years to achieve the goal of total eradication.

110. By the end of 1959, every known malarious area in Sarawak had been sprayed, at least once. Many areas, such as the Baram area of the Fourth Division, where the W.H.O. assisted Pilot Project first started, have been sprayed several times, and active surveillance has now started. In all, three areas had been brought under active surveillance by the end of 1959—one in the Baram District of the Fourth Division, and two in the First Division, at Kuching and Serian. Passive surveillance was extended to cover the whole country and over 6,250 blood slides were sent to the Central Laboratory, at Project Headquarters in Kuching, for examination.

111. By the end of the year, Government decided on the advice of the Director of Medical Services and his W.H.O. expert advisers, to convert the control project to one of complete eradication. The services of the W.H.O. Regional Sanitary Engineer were made available by the Regional Director of the W.H.O. Western Pacific Regional Office in Manila, to assist in the preparation of a new plan of operations, and this plan has now been submitted to the authorities concerned for approval.

112. Government has approved the expenditure of over \$850,000/- during 1960, but it is thought probable that an increase in this amount will prove necessary in order to speed up the conversion of the scheme from control to eradication next year. In 1959, the World Health Assembly provisionally allocated U. S. \$150,000/- per year for three years, from the W.H.O. Malaria Eradication Special Account, to assist Government in the attainment of this new objective.



**(b) Smallpox**

113. There have been no cases of smallpox reported in Sarawak for over thirty years, but the danger of the re-introduction of this disease is still great. This was demonstrated clearly, during 1959, when cases of smallpox were reported from Kalimantan (Indonesian Borneo) and from Singapore and Malaya, where an outbreak occurred in April and May. This gave added impetus to a country-wide vaccination campaign which was carried out in April, May and June and resulted in the vaccination or revaccination of over 200,000 people throughout the country.

**(c) Tuberculosis**

114. Now that malaria has been brought under control, tuberculosis is undoubtedly the most important communicable disease in Sarawak. Plans to establish a country-wide control project have been under consideration during the year and it is hoped that these will be put into effect during 1960 with the assistance of Colombo Plan aid.

Meanwhile within the resources available much is being done to cater for the tuberculous patient. The work of the A.T.A.S. Clinic in Kuching, has steadily increased. A total of 3,218 cases of tuberculosis received active treatment during the year. 528 new cases were reported of which 177 were from within the Kuching Municipal area. The work of the X-ray unit attached to the clinic also showed an increase. 5,281 miniature X-rays and 6,280 full scale films were taken during the year. A new miniature camera was installed in December to replace the 35 mm. unit which had done service for several years.

320 patients were admitted to the General Hospital, Kuching.

115. Similarly in the other main centres there was an increase in the total number of tuberculous cases. Returns from these were as follows:—

	<i>Inpatients</i>	<i>Outpatients</i>
Miri	188	figure not available
Sibu	309	1,315
Simanggang	180	129

**(d) Yellow Fever**

116. Sarawak has been designated a Yellow Fever receptive area, and steps were taken at the end of the year to bring the regulations governing the possession of valid international certificates of vaccination, into line with those introduced earlier, by the North Borneo authorities. In future, a valid certificate of vaccination against the disease will be required only from those persons entering the country who have come from an infected local area.

**(e) Plague**

117. No cases of this disease have been reported in Sarawak for many years. The Health Section maintains anti-rat measures especially in port areas.

**(f) Poliomyelitis**

118. No cases of poliomyelitis were reported in Sarawak during 1959. But in view of the proximity of Singapore and Malaya, where wide-spread outbreaks have been reported in recent years, facilities for vaccination are always available in the main centres, and stocks of vaccine are kept ready in the Central Medical Stores, in case of emergency.

**(g) Yaws**

119. The mass campaigns carried out during the past few years have practically eliminated the disease and only sporadic cases are now reported, from areas in which it was previously prevalent.

**(h) Trachoma**

120. As already stated elsewhere in this report in the section on Specialised Services, the incidence of trachoma is high in some rural areas, but it has not yet been found possible to launch a full-scale attack on the disease, due to other more pressing commitments.

**(i) Gastro-Intestinal Diseases**

121. Gastro-intestinal diseases are very common due to a complete absence, in many places, of even the most primitive form of sanitation, and of a clean water supply. The Public Works Department has embarked on an extensive programme of development to provide clean and safe water supplies to towns and villages. The Medical Department concentrated, during the year, on the experimental sinking of tube-wells in rural areas, but the methods used have not been found entirely satisfactory for various technical reasons.

In the main towns the bucket latrine system is gradually being replaced, by water closets. Progress has been slow however, as it is difficult to change the customs of the people.

**(j) Goitre**

122. Goitre is endemic in Sarawak, in the upriver areas of the Second, Third and Fourth Divisions, where iodine is deficient in the diet. A start was made during 1959, to control this disfiguring disease. A salt iodisation plant was installed in Sibü, and brought into use towards the end of the year. All salt destined for the upriver areas of the Third Division, is now iodised by the Department, before being shipped upriver. The plant has worked very successfully and it is planned to install similar plants in other centres as soon as practicable.



**(k) Asian Influenza**

123. Asian influenza was reported from various parts of the country during the year, but it was of a mild variety and caused little inconvenience.

**(l) Measles**

124. Towards the end of the year an increasing number of cases of measles were reported, and broncho-pneumonia occurred as a common complication especially in very young infants.

## QUALIFIED MEDICAL STAFF AS AT 31. 12. 1959

<i>Name and Qualifications</i>	<i>Appointment</i>	<i>Date of Appointment to Present Post</i>	<i>Date of Appointment to the Service</i>	<i>Remarks</i>
D. A. Baird, O.B.E., M.B., Ch.B., U. Edin. 1934	Director of Medical Services	13.11.59	10.11.43	Transferred from Zanzibar
R. Dickie, M.B., Ch.B., U. Glasg. 1942	Deputy Director of Medical Services, Sarawak	7.5.55	6.7.43	Transferred from Nigeria
M. T. Read, M.R.C.S., England 1938, L.R.C.P., London 1938	Deputy Director of Medical Services, Brunei	25.5.56	October, 39	Seconded for duty in Brunei
E. H. Wallace, M.B., Ch.B., U. Glasg. 1935	Ophthalmologist	13.10.52	30.5.48	
M. A. Rozalla, M.B., Calcutta, 1944	Medical Officer	22.6.53	16.12.49	Seconded for duty in Brunei
J. D. Finlayson, M.B., Ch.B., U. Glasg. 1934	Divisional Medical Officer, First Division	4.1.55	1.1.55	
T. M. Kraszewski, M.B., Ch.B. (Polish School of Medicine at U. of Edin.)	Medical Officer	30.5.52	30.5.52	
J. D. O'Shaughnessy, M.B., Ch.B. U. Dublin 1934	Medical Officer in Charge, General Hospital, Kuching	15.11.57	15.11.57	
J. A. Menon, M.R.C.S., England 1949; L.R.C.P. London 1949; M.B.B.S., U. London 1949	Divisional Medical Officer, Third Division and Medical Officer in Charge, Lau King Howe Hospital, Sibul	9.11.54	23.10.54	
P. W. Bedford, M.B.B.Ch., U. Leeds 1952	Medical Officer	29.3.56	May, 53	
C. J. Cumming Smith, M.B., Ch.B., Edin. 1941; F.R.C.S., U. Edin. 1948	Surgeon	13.6.58	13.6.58	
Sir James David Fraser, M.B., Ch.B., U. Edin. 1948; F.R.C.S., U. Edin. 1953	Surgeon	3.6.58	3.6.58	
Chong Chun Hian, M.B., B.S., U. Malaya 1952	Medical Officer	22.6.54	22.6.54	On study leave in United Kingdom



# APPENDIX I—(Contd.)

<i>Name and Qualifications</i>	<i>Appointment</i>	<i>Date of Appointment to Present Post</i>	<i>Date of Appointment to the Service</i>	<i>Remarks</i>
Wong Soon Kai, M.B., B.S., U. Malaya 1953; F.R.C.S., England 1959; F.R.C.S. Edin. 1959	Surgeon	11.1.55	11.1.55	
R. M. Melville, M.B., Ch.B., U. Edin. 1951	Divisional Medical Officer, Simanggang	27.7.57	27.7.57	
T. Glyn Evans, M.R.C.S., England 1956; L.R.C.P., London 1956; B. Chir. 1956; M.B., U. Camb. 1957	Medical Officer	11.1.58	11.1.58	
M. B. Watts, M.B., B.S., U. London 1952	Medical Officer	2.3.58	2.3.58	
K. Slawinski, M.D., Beirut	Medical Officer, Sibul	12.3.58	12.3.58	
D. Tavarua, M.B., B.Ch., U. Witwatersrand 1944	Medical Officer	26.6.58	26.6.58	
J. C. Whitlam, M.B., Ch.B., U. Aberd. 1946	Medical Officer, Betong	28.9.58	28.9.58	
G. T. Balean, M.R.C.S., England 1935; L.R.C.P., London 1935; M.B., B.S., U. London 1952	Divisional Medical Officer, Fourth and Fifth Divisions	10.10.58	—	
M. N. G. Majumder, M.B., Ch.B., U. Calcutta 1948	Medical Officer	1.12.58	—	
K. M. Slawinski, M.B., Ch.B., U. Edin. 1949	Lady Medical Officer, Sibul	8.9.58	8.9.58	Part-time
K. E. Schmidt, M.R.C.S., England 1953; L.R.C.P., London 1953	Specialist Alienist Mental Hospital, Kuching	1.11.58	1.11.58	
H. W. W. Hareus, M.D.S. (Sydney) D.D.S.	Dental Officer	17.7.49	17.7.49	
J. N. Hareus, B.D.S. (Sydney)	Dental Officer	24.2.56	—49	
Yim Khai Sun, B.D.S. (Univ. of Malaya)	Dental Officer	1.5.55	1.5.55	Locally appointed
Teh Kok Chiang, B.D.S. (Univ. of Malaya)	Dental Officer, Sibul	6.10.58	6.10.58	
A. C. Dickie, M.B., Ch.B., U. Glasg. 1944	Lady Medical Officer	12.10.59	12.10.59	Part-time
E. M. Melville, M.B., Ch.B., U. Edin. 1952	Lady Medical Officer	10.2.59	10.2.59	Part-time



APPENDIX II

IN-PATIENTS TREATED IN KUCHING, SIBU AND SIMANGGANG  
HOSPITALS

CLASSIFICATION OF DISEASES

			<i>Cases</i>
A	1	Tuberculosis of respiratory system	911
A	2	Tuberculosis of meninges and central nervous system	13
A	3	Tuberculosis of intestines, peritoneum and mesenteric glands	9
A	4	Tuberculosis of bones and joints	22
A	5	Tuberculosis, all other forms	21
A	6	Congenital syphilis	1
A	7	Early syphilis	1
A	8	Tabes dorsalis	1
A	9	General paralysis of insane	2
A	10	All other syphilis	21
A	11	Gonococcal infection	2
A	12	Typhoid fever	116
A	13	Paratyphoid fever and other Salmonella infections	4
A	16	Dysentery, all forms	295
A	18	Streptococcal sore throat	3
A	19	Erysipelas	2
A	20	Septicaemia and pyaemia	12
A	21	Diphtheria	105
A	22	Whooping cough	9
A	23	Meningococcal infections	9
A	25	Leprosy	25
A	26	Tetanus	33
A	28	Acute poliomyelitis	3
A	29	Acute infectious encephalitis	15
A	30	Late effects of acute poliomyelitis and acute infectious encephalitis	35
A	32	Measles	73
A	34	Infectious hepatitis	55
A	37	Malaria	40
A	40	Filariasis	81
A	41	Ankylostomiasis	172
A	42	Other diseases due to helminths	138
A	43	All other diseases classified as infective and parasitic	78
A	44	Malignant neoplasm of buccal cavity and pharynx	18
A	45	Malignant neoplasm of oesophagus	9
A	46	Malignant neoplasm of stomach	65

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*Carried forward* 2,399



APPENDIX II—(Contd.)

		<i>Brought forward</i>	<i>Cases</i> 2,399
A	47	Malignant neoplasm of intestine, except rectum	7
A	48	Malignant neoplasm of rectum	9
A	49	Malignant neoplasm of larynx	2
A	50	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	9
A	51	Malignant neoplasm of breast	4
A	52	Malignant neoplasm of cervix uteri	29
A	53	Malignant neoplasm of other and unspecified parts of uterus	7
A	54	Malignant neoplasm of prostate	2
A	55	Malignant neoplasm of skin	5
A	56	Malignant neoplasm of bone and connective tissue	1
A	57	Malignant neoplasm of all other and unspecified sites	76
A	58	Leukaemia and aleukaemia	8
A	59	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	18
A	60	Benign neoplasms and neoplasms of unspecified nature	69
A	61	Nontoxic goiter	38
A	62	Thyrotoxicosis with or without goiter	16
A	63	Diabetes mellitus	32
A	64	Avitaminosis and other deficiency states	105
A	65	Anaemia	106
A	66	Allergic disorders, all other endocrine, metabolic and blood diseases	117
A	67	Psychoses	74
A	68	Psychoneuroses and disorders of personality	50
A	69	Mental deficiency	10
A	70	Vascular lesions affecting central nervous system	83
A	71	Nonmeningococcal meningitis	9
A	73	Epilepsy	20
A	74	Inflammatory diseases of eye	117
A	75	Cataract	48
A	76	Glaucoma	13
A	77	Otitis media and mastoiditis	37
A	78	All other diseases of nervous system and sense organs	53
A	79	Rheumatic fever	10
A	80	Chronic rheumatic heart disease	18
A	81	Arteriosclerotic and degenerative heart disease	123
A	82	Other diseases of heart	63
<i>Carried forward</i>			3,787



**APPENDIX II—(Contd.)**

		<i>Cases</i>
	<i>Brought forward</i>	3,787
A 83	Hypertension with heart disease	10
A 84	Hypertension without mention of heart	57
A 85	Diseases of arteries	7
A 86	Other diseases of circulatory system	35
A 87	Acute upper respiratory infections	264
A 88	Influenza	82
A 89	Lobar pneumonia	54
A 90	Bronchopneumonia	257
A 91	Primary atypical, other and unspecified pneumonia	63
A 92	Acute bronchitis	116
A 93	Bronchitis, chronic and unqualified	114
A 94	Hypertrophy of tonsils and adenoids	57
A 95	Empyema and abcess of lung	14
A 96	Pleurisy	11
A 97	All other respiratory diseases	180
A 98	Diseases of teeth and supporting structures	42
A 99	Ulcer of stomach	84
A 100	Ulcer of duodenum	69
A 101	Gastritis and duodenitis	49
A 102	Appendicitis	189
A 103	Intestinal obstruction and hernia	120
A 104	Gastro-enteritis and collitis, except diarrhoea of the new born	486
A 105	Cirrhosis of the liver	24
A 106	Cholelithiasis and cholecystitis	38
A 107	Other diseases of digestive system	368
A 108	Acute nephritis	49
A 109	Chronic, other and unspecified nephritis	66
A 110	Infections of kidney	64
A 111	Calculi of urinary system	81
A 112	Hyperplasia of prostate	7
A 113	Diseases of breast	14
A 114	Other diseases of genito-urinary system	513
A 115	Sepsis of pregnancy, childbirth and the puerperium	26
A 116	Toxaemia of pregnancy and the puerperium	447
A 117	Haemorrhage of pregnancy and childbirth	2,694
A 118	Abortion without sepsis or toxaemia	330
A 119	Abortion with sepsis	30
	<i>Carried forward</i>	10,898



APPENDIX II—(Contd.)

		<i>Cases</i>
	<i>Brought forward</i>	10,898
A 120	Other complications of pregnancy, childbirth and the puerperium	394
A 121	Infections of skin and subcutaneous tissue	424
A 122	Arthritis and spondylitis	49
A 123	Muscular rheumatism and rheumatism unspecified	17
A 124	Osteomyelitis and periostitis	17
A 125	Ankylosis and acquired musculoskeletal deformitis	5
A 126	All other diseases of skin and musculoskeletal system	77
A 128	Congenital malformations of circulatory system	15
A 129	All other congenital malformations	32
A 130	Birth injuries	2
A 132	Infections of the newborn	13
A 133	Haemolytic diseases of newborn	13
A 134	All other defined diseases of early infancy	56
A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	20
A 136	Senility without mention of psychosis	12
A 137	Ill-defined and unkonwon causes of morbidity and mortality	405
AE 138	Motor vehicle accidents	12
AE 139	Other transport accidents	25
AE 140	Accidental poisoning	25
AE 141	Accidental falls	58
AE 142	Accident caused by machinery	36
AE 143	Accident caused by fire and explosion of combustible material	17
AE 144	Accident caused by hot substance, corrosive liquid, steam and radiation	63
AE 145	Accident caused by firearms	46
AE 146	Accidental drowning and submersion	22
AE 147	All other accidental causes	29
AE 148	Suicide and self-inflicted injury	13
AE 149	Homicide and injury purposely inflicted by other persons (not in war)	49
AE 150	Injury resulting from operations of war	2
AN 138	Fracture of skull	22
AN 139	Fracture of spine and trunk	36
AN 140	Fracture of limbs	174
AN 141	Dislocation without fracture	17
AN 142	Sprains and strains of joints and adjacent muscles	10
	<i>Carried forward</i>	13,105



**APPENDIX II—(Contd.)**

		<i>Cases</i>
	<i>Brought forward</i>	13,105
AN 143	Head injury (excluding fracture)	66
AN 144	Internal injury of chest, abdomen and pelvis	4
AN 145	Laceration and open wounds	354
AN 146	Superficial injury, contusion and crushing with intact skin surface	149
AN 147	Effects of foreign body entering through orifice	12
AN 148	Burns	38
AN 149	Effects of poisons	43
AN 150	All other and unspecified effects of external causes	233
	<b>TOTAL</b>	<u><u>14,004</u></u>



